
U.S. DEPARTMENT OF STATE EMPLOYER ATTESTATION

I, *(please print)* _____ hereby declare, under penalty of the
provisions of 18 U.S.C. 1001, that _____
(medical facility)

is located in a primary care or mental health care Health Professional Shortage Area, **

ID# _____, Zip Code _____ and provides medical care to
Medicare, Medicaid, and HealthWave patients and offers discounted fees to medically indigent,
uninsured patients.

Signature

Date

Subscribed and sworn to before me
this _____ day of _____, 200____.
Notary Public

** Current HPSA Identification Number may be found at: <http://bphc.hrsa.gov/databases/newhpsa/newhpsa.cfm>
If the application is for an MUA or MUP it must have a designation date within the past 3 years